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TRANSMITTAL LETTER			DOCKET NUMBER: 66654-669 (P-LJ 4859)	
SERIAL NO: 09/922,227	FILING DATE: August 2, 2001	EXAMINER: S. Priebe	GROUP ART UNIT: 1632 CONFIRMATION NO.: 7275	
INVENTION: METHOD OF IDENTIFYING MOLECULES THAT HOME TO A SELECTED ORGAN IN VIVO				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EL 985982981 US
DATE OF DEPOSIT: September 2, 2003
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE
"EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER
37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS
ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450
ALEXANDRIA, VA 22313-1450.
Rebecca Clifford
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)
Rebecca Clifford
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action
mailed July 30, 2003, in the above-identified application.

- ___ Small Entity status of this application has been established under 37 CFR 1.27.
- ___ Petition for a one-month Extension of Time is enclosed (in duplicate).
- X Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- ___ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

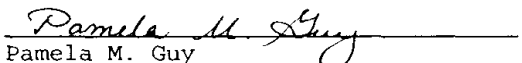
	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	15	-	20	-	0	x	\$9	\$18	=	\$0	\$
INDEPEN- DENT CLAIMS	2	-	3	-	0	x	\$42	\$84	=	\$0	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			___ YES		___ X ___ NO		\$140	\$280	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$0	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Ruoslahti and Pasqualini
Serial No.: 09/922,227
Filed: August 2, 2001
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- X Please charge my Deposit Account No. 502624 the amount of \$110.00 of which covers the Terminal Disclaimer fee. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


Pamela M. Guy
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